3. NAME OF DECLASED First	M	ISSO	UR	l Di	VIS	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH
VS 300 VS					. R	Registration District No. 3/7 Primary Registration District No. 548 Registrat's No. 1384 STATE FILE NUMBER
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Control Cont					_	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in lb c. CITY St. Louis Inside Limits
Control Cont	1		1 1			OR ' I I I OR I
A d d d d d d d d d d d d d d d d d d	14007		1 1		_	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Fari
3 A A BATE OF DECASED FIRST MISSEL LESS TO COURS OF RACE THE TODGE	200	MATE				INSTITUTION 872 Newport Ave. Yell No 872 Newport Ave. Yell No 872 Newport Ave.
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STATEMENT BY LICENSED EMBALMER

or by				, Student Embalmer No	
working under m	y personal supervi	sion.		Mara Clenbuch	
Student			. Signed	Marw allenbuch	
	Signature of Student	Embalmer		Licensed Embalmer No. 45	
	•	•	•'	P. O. Address A Jani, Ma	

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

* If this body is not embalmed, fact should be so stated above.

Dr.C.H. Bockelman 2615 Brentwood Blvd.